

*BJW*

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Application No. 10/617,337

For: CHLORIDE ION SELECTIVE MEMBRANE

Applicant: SENDX MEDICAL, INC.

Filed: July 10, 2003

**MOTION TO WITHDRAW AS ATTORNEYS**

Mail Stop Post Issue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is a Motion to Withdraw as Attorneys for applicant pursuant to 37 C.F.R. §§ 1.36 and 10.40 and M.P.E.P § 402.06.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

*10*  
January 7, 2005

(Mailing Date)

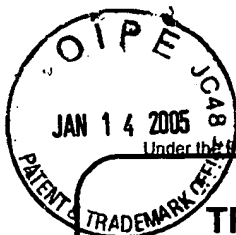
James W. McClain

(Registered Representative)

*[Signature]*  
(Signature)

January 7, 2005

(Date of Signature)



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/617,337
Filing Date	July 10, 2003
First Named Inventor	Jennifer A. SAMPRONI
Art Unit	na
Examiner Name	na
Attorney Docket Number	BSDMI 1030746

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for Withdrawal as Attorney or Agent and Change of Correspondence Address; Motion to Withdraw as Attorney; Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	GORDON & REES LLP		
Signature			
Printed name	James McClain		
Date	January 10, 2005	Reg. No.	24, 536

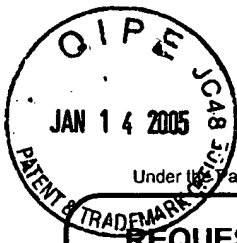
**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Cindy Guido	Date	January 10, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/617,337
Filing Date	July 10, 2003
First Named Inventor	Jennifer A. Samproni
Art Unit	na
Examiner Name	na
Attorney Docket Number	BSDMI 1030746

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

**NOTE:** This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Transfer case to client

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	RADIOMETER MEDICAL ApS		
Address	Akandevvej 21 DK-2700 Bronshoj		
City	Bronshoj	State	Zip DK-2700
Country	DENMARK		
Telephone	45-38-27-38-27	Fax	45-38-272727
Signature			
Name	James McClain	Registration No.	24,536
Date	January 7, 2005	Telephone No.	619-696-6700

**NOTE:** Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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The undersigned attorneys of record hereby move, request and petition for permission to withdraw as attorneys for the applicant Sendx Medical, Inc. (hereinafter sometimes referred to as "the client").

The last known mailing address of the applicant is:

RADIOMETER MEDICAL ApS  
Akandevvej 21  
DK-2700 Bronshøj  
Denmark

This Motion for Withdrawal is submitted in triplicate (original and two copies) and is based on 37 C.F.R. §§ 10.40(a), 10.40(b)(4) and 10.40(c)(1)(iv).

The requirements of § 10.40(a) have been met. The facts upon which this Motion is based are as follows. The applicant has requested that this application be transferred to their Patent Department, therefore they will be handling further prosecution for the application. This Motion is therefore believed to be appropriate for approval by the PTO.


This Motion is submitted and signed by James W. McClain, Registration No. 24,536, on behalf of all of the attorneys of record under customer number 27111 for Gordon & Rees LLP

It is the undersigned attorneys' belief that no fee is required for the filing or

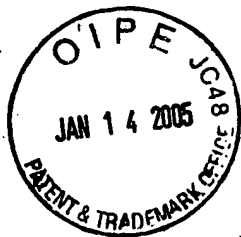
consideration of this Motion. Should any such fee be required, however, the Patent and Trademark Office is authorized to charge Deposit Account No. 50-1990 for such fee. A duplicate copy of this Motion is enclosed.

Respectfully submitted,

Date: January <sup>10</sup>~~7~~, 2005

By:   
James W. McClain  
Attorney for Applicant  
Registration No. 24,536

Reference: BSDMI 1030745



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Application No. 10/617,337

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Applicant: SENDX MEDICAL, INC.

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James W. McClain

(Registered Representative)

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Date: January  7, 2005

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James W. McClain  
Attorney for Applicant  
Registration No. 24,536

Reference: BSDMI 1030745



JAN 14 2005

PTO/SB/83 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/617,337
Filing Date	July 10, 2003
First Named Inventor	Jennifer A. Samproni
Art Unit	na
Examiner Name	na
Attorney Docket Number	BSDMI 1030746

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Please withdraw me as attorney or agent for the above identified patent application, and

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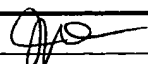
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## **CORRESPONDENCE ADDRESS**

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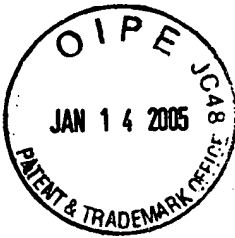
**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	RADIOMETER MEDICAL ApS				
Address	Akandevej 21 DK-2700 Bronshoj				
City	Bronshoj	State		Zip	DK-2700
Country	DENMARK				
Telephone	45-38-27-38-27			Fax	45-38-272727
Signature					
Name	James McClain			Registration No.	24,536
Date	January 7, 2005			Telephone No.	619-696-6700

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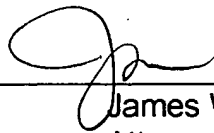
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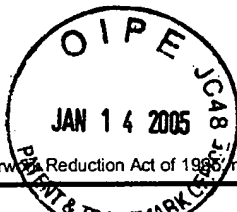
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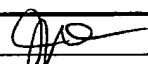
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